

WIZZ.002DV1



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

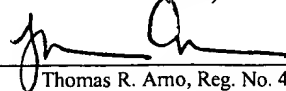
Applicant : Teddy A. Demirjian  
Appl. No. : 09/658,332  
Filed : September 8, 2000  
For : TRANSACTION AND ACCOUNT  
MANAGEMENT SYSTEM  
Examiner : Sally Shih  
Group Art Unit : 3624

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

July 31, 2003

(Date)

  
Thomas R. Arno, Reg. No. 40,490

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated February 3, 2003, Applicant submits the following amendment and remarks for consideration in the above-referenced patent application. Applicant thanks the Examiner for reviewing the instant application.

**Amendments to the Specification** begin on page 2 of this paper.

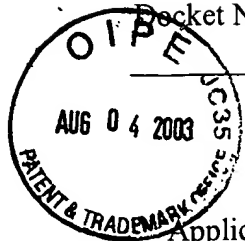
**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks** begin on page 6 of this paper.

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GROUP 3600

08/05/2003 EFLORES 00000140 09658332

01 FC:2201 42.00 OP  
02 FC:2253 465.00 OP



## AMENDMENT / RESPONSE TRANSMITTAL

Applicant : Teddy A. Demirjian  
App. No. : 09/658,332  
Filed : September 8, 2000  
For : TRANSACTION AND  
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Examiner : Sally Shih  
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July 31, 2003

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Thomas R. Arno, Reg. No. 40,490

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

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Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment in 11 pages.
- (X) The present application qualifies for small entity status under 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

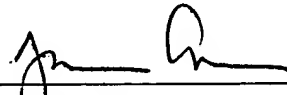
| FEE CALCULATION    |            |              |                      |              |
|--------------------|------------|--------------|----------------------|--------------|
| FEE TYPE           |            | FEE CODE     | CALCULATION          | TOTAL        |
| Total Claims       | 7 - 20 = 0 | 2202 (\$9)   | 0 x 9 =              | \$0          |
| Independent Claims | 5 - 4 = 1  | 2201 (\$42)  | 1 x 42 =             | \$42         |
| Multiple Claim     |            | 2203 (\$140) |                      | \$0          |
| 1 Month Extension  |            | 2251 (\$55)  |                      | \$0          |
| 2 Month Extension  |            | 2252 (\$205) |                      | \$0          |
| 3 Month Extension  |            | 2253 (\$465) |                      | \$465        |
|                    |            |              | <b>TOTAL FEE DUE</b> | <b>\$507</b> |

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$507 is enclosed.
- (X) Return prepaid postcard.

Docket No.: WIZZ.002DV1

Customer No.: 20,995

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- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



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Registration No. 40,490  
Attorney of Record  
Customer No. 20,995  
(619) 235-8550

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